

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 179

Registered No. 80

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Ralph William Perry

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

Yes

7. Date

of birth Apr. 17, 1930

Month Day Year

Male

5. No., in order of birth

8.

FATHER

Full name

Larry Roundolph Perry

9. Residence

(Usual place of abode)

Globe

If non-resident, give place and state. Ariz

10. Color or race

White

11. Age at last birthday 23 (Years)

12. Birthplace (city or place)

Denver

(State or country)

Calo

13. Occupation

Nature of industry

Carpenter

14.

MOTHER

Full maiden name

Ruth Carmelia Davis

15. Residence

(Usual place of abode)

Globe

If non-resident, give place and state. Ariz

16. Color or race

White

17. Age at last birthday 18 (Years)

18. Birthplace (city or place)

Maui

(State or country)

Ariz

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother 2

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living 2

(b) Born alive but now dead 0

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 2:25 P. m. on the date above stated  
(Born alive ~~or dead~~)

Signature

C. W. Adams

Physician

(Physician or midwife)

Address

Box 636 Globe, Arizona

Filed

5/12 1930

H. E. Wigham

Registrar

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from  
a supplemental report

Month, day, year

9/8-417-942

Registrar